



UnitedHealthcare–Texas STAR Member Handbook

Service Areas:

Harris, Brazoria, Fort Bend, Galveston, Montgomery and Waller Counties



9702 Bissonnet, Suite 2200W
Houston, TX 77036

1-800-213-5846

TDD/TTY: 711, for hearing impaired
24 hours a day, 7 days a week
www.unitedhealthcare-texas.com



TEXAS  **STAR**
PROGRAM
Your Health Plan ■ Your Choice



UnitedHealthcare[®]
A UnitedHealth Group Company

Important Names and Phone Numbers

UnitedHealthcare – Texas Member Services	1-800-213-5846
Texas Relay/TTY Program (TDD/TTY):	711 (For hearing impaired)
For Dental appointments, call:	1-800-213-5846
For Eye Care appointments, call Opticare:.....	1-800-638-3120
Texas Health and Human Services Commission:.....	1-800-252-8263
Medical Transportation Management:.....	1-877-633-8747
Mental Health and Substance Abuse Services:..... (United Behavioral Health)	1-888-872-4205
Medicaid Managed Care Helpline:	1-866-566-8989 TDD 1-866-222-4306
Nurse Line:.....	1-800-213-5846

IN CASE OF AN EMERGENCY DIAL: 911

Primary Care Provider

Name: _____

Phone Number: _____

UnitedHealthcare - Texas
9702 Bissonnet, Suite 2200W
Houston, TX 77036

If you have questions about your health plan, please call us. Our toll-free Member Services number is 1-800-213-5846; TDD/TTY 711, for hearing impaired. There will be people who can speak to you 24 hours a day, 7 days a week in English and Spanish when you call.

UnitedHealthcare-Texas is a trade name of Evercare of Texas, LLC, a UnitedHealth Group Company. AmeriChoice is the business segment of UnitedHealth Group that specializes in serving government-sponsored health care programs

Table of Contents

Welcome to UnitedHealthcare – Texas	3	Will I need a referral for OB/GYN services?	13
Your guide to good health	3	What if I am pregnant?	13
Our office location	3	Who do I need to call if I am pregnant?	13
Medicaid ID (Form 3087)	4	What is Case Management Services for Children and Pregnant Women (CPW)?	14
When and where do I use my UnitedHealthcare-Texas ID card	7	What other services/activities/education does the plan offer pregnant women.....	14
Your UnitedHealthcare-Texas ID card	7	How soon can I be seen after contacting my OB/GYN for an appointment?	14
How to read your card	7	How do I sign up my newborn baby?	14
Other items you might find on your card	7	Who do I call if I have special health care needs?	14
How to replace your card if it is lost or stolen	7	What is Texas Health Steps?	15
Information about your temporary Medicaid ID (Form 1027A).....	8	What services are offered by Texas Health Steps?	15
What is Member Services?	10	Does my doctor have to be part of the UnitedHealthcare-Texas network?	15
What is a Primary Care Provider (PCP)?	10	What if I am out of town and my child is due for a Texas Health Steps exam?	15
What do I need to bring with me to my doctor’s appointment?	10	Do I have to have a referral?	15
How do I pick a PCP?	10	How and when do I get Texas Health Steps medical and dental checkups for my child?	15
Can a clinic be my PCP?	10	What if I need to cancel an appointment?	16
How do I make appointments?	11	What if I am a migrant farm worker?	16
What is emergency medical care and how soon can I expect to be seen?	11	How can I get Family Planning Services?	16
What is urgent medical care and how soon can I expect to be seen?	11	Is a referral needed for Family Planning?	16
What is routine medical care and how soon can I expect to be seen?	11	Where do I find a Family Planning service provider?	17
How do I get health care after my PCP’s office is closed?	11	How do I get regular medical care?	22
How can I change my PCP	12	When I need to see a special doctor, who do I call and how soon can I expect to be seen?	22
How many times can I change my PCP?	12	How can I request a second opinion?	22
When will my PCP change become effective?	12	What is a referral?	22
Can my PCP request that I be changed to another PCP for non-compliance?	12	What services do not need a referral?	22
What if I pick or go to another doctor who is not my PCP?	13	Physician Incentive Plan (PIP)	23
Do I have the right to pick an OB/GYN?	13	I don’t have a car; how do I get to the doctor’s office?	23
Can I stay with my OB/GYN if they aren’t with UnitedHealthcare-Texas?	13	Who do I call for a ride to a medical appointment?	23
How do I pick an OB/GYN?	13	What are the hours of operation and limitations for transportation services?	23
If I do not pick an OB/GYN, do I have direct access?	13	How far in advance do I need to call?	23
		Who do I call if I have a complaint about the service or staff?	23

Can someone I know give me a ride to my appointment and get money for mileage?	24	Can I ask for a State Fair Hearing?	32
Can someone interpret for me when I talk with my doctor?	24	What can I do if the health plan denies or limits my doctor's request for a covered service?	32
Who do I call for an interpreter?	24	What is an expedited appeal?	32
How can I get a face-to-face interpreter in the provider's offices?	24	How do I file an expedited appeal if UnitedHealthcare-Texas denies a covered service that was requested by my PCP?	32
How do I get my prescriptions filled?	24	What happens if UnitedHealthcare-Texas denies the request for an expedited appeal?	32
Who do I call if I have problems getting my prescriptions filled?	24	How do I file an appeal if UnitedHealthcare-Texas denies a covered service that was requested by my PCP?	33
What if I have an emergency?	25	When does a member have a right to request an appeal?	33
What is post-stabilization?	25	Can I change health plans?	33
What if I need emergency transportation?	25	Who do I call if I want to leave the UnitedHealthcare-Texas health plan?	33
What does "medically necessary" mean?	25	How many times can I change health plans?	33
What are my Health Care Benefits?	26	When will my health plan change become effective?	33
How do I get these my Health Care Benefits?	27	Can UnitedHealthcare-Texas request that I be removed from their plan (for non-compliance, etc.)?	34
Are there any limits to any covered services?	27	What do I have to do if I move?	34
What extra benefits does a member of UnitedHealthcare-Texas get?	27	What do I do if I move outside of the UnitedHealthcare-Texas service area?	34
How do I get these extra benefits?	27	What happens if I lose my Medicaid eligibility?	34
What other services can UnitedHealthcare-Texas help me with?	28	What happens if I have private or other health insurance in addition to Medicaid?	34
Early Childhood Intervention (ECI)	28	How do I report someone who is misusing the Medicaid Program?	35
Women, Infants, and Children (WIC)	29	Reporting providers/person who has Medicaid for waste, abuse and fraud	35
What if I get a bill from my doctor?	30	Each year you have the right to ask UnitedHealthcare-Texas to send you certain information	36
What if I get sick when I am out of town, out of the state or out of the country traveling?	30	What are my health care rights and responsibilities as a member of UnitedHealthcare-Texas?	37
How do I get help if I have behavioral health or drug problems?	30	What is an Advance Directive?	38
What should I do if I have a complaint?	31	Internal protection of information within UnitedHealth Group	40
Requirements and timeframes for filing a complaint	31	How we use and share information	41
How long will it take to process my complaint?	31	Your rights	42
Who do I call if I have a complaint about the service or staff?	31	Using your rights	43
Can someone from UnitedHealthcare-Texas help me file a complaint?	31		
What can I do if UnitedHealthcare-Texas denies or limits my PCP's request for a covered service?	31		
How will I be notified if services are denied?	31		

Welcome to UnitedHealthcare-Texas!

Thank you for choosing UnitedHealthcare-Texas as your health plan. UnitedHealthcare-Texas is a Health Maintenance Organization (HMO) committed to helping you get the healthcare you need. Our goal is to help all of our members live healthier lives. You will have your own doctor, called a Primary Care Provider (PCP), who will know your medical history and will work hard to help you stay healthy. Your Primary Care Provider knows that managing your healthcare is important. Regular checkups with your Primary Care Provider can help spot problems early. Your Primary Care Provider wants to help you get care before problems become serious. Your Primary Care Provider will give you a referral to specialists when you need one. UnitedHealthcare-Texas has a network of doctors, hospitals and other health care givers that you can count on. Many are near your home. We will help you stay healthy and get good health care when you are not well. UnitedHealthcare-Texas will work hard to help make sure you get access to the care you need.

Your guide to good health

Please read this Member Handbook. It will tell you about your benefits. It will help you use your health plan right away. Look at your UnitedHealthcare-Texas identification card. Make sure all the information is right. We want to make it easy for you to use your health plan. We can answer any questions you have about getting started.

If you have questions, please call us. Our toll-free Member Services number is 1-800-213-5846. We are here to help you 24 hours a day, 7 days a week.

There will be people who can speak with you in English or Spanish. If you need help with other languages, please tell them. Member Services will connect you to the AT&T Language Line.

Please call the Texas Relay Program at TDD/TTY 711 for the hearing impaired. If you feel you need the handbook in Braille, larger print or in audio, you can call us. UnitedHealthcare-Texas Member Services is always ready to help you.

Our office location

UnitedHealthcare-Texas
9702 Bissonnet, Suite 2200W
Houston, TX 77036
Phone: 1-800-213-5846 (toll-free)

Medicaid ID (Form 3087)

You will get a Medicaid form in the mail each month as long as you are eligible for Medicaid. The Medicaid form tells providers about you and the services that you can get each month. Because you are now in the STAR Program, the form will look different than your regular Medicaid form. You will see the STAR Program logo (Texas STAR on the top right side of your form). This will tell providers that you are part of the STAR Program.

The form has a “Good Through” date in the box at the top right side of the form. This means the Medicaid form is good through the last day of the month printed in this box.

It will also show your name and the names of any other family members who are part of your Medicaid case. As a member of the STAR Program, your Medicaid form will show a health plan name below each name listed on the form. If you are under 21, you will also see a note under your name if you are due for a Texas Health Steps checkup. You will need to call your Primary Care Provider or health plan to set up a checkup.

The Medicaid form also shows that adults 21 years and older can get more than three prescriptions each month. Be sure to take your Medicaid form to the pharmacy when you need to get a prescription filled. In addition, the form has the following information:

Date Run – This is the date the form was printed.

BIN – This information is used for pharmacy services.

BP – This is a code that tells where you live.

TP – This is the type of Medicaid program you are enrolled in.

Cat – This is your case category.

Case No. – This is your case number.

ID No. – This is your Medicaid number.

Name – This is your full name as listed with Medicaid.

Date of Birth – This is your birth date listed with Medicaid by month, day and year.

Sex – This shows if you are female (F) or male (M).

Eligibility Date – This is the date your Medicaid coverage started.

TPR – This shows if you have other insurance. A “P” means you have private insurance and an “M” means you are eligible for Medicare.

Medicare No. – This is your Medicare Number, if you have one.

Be sure to read the back of the Medicaid form. It tells you more about the form. There is also a box that has specific information for providers.

You must take both your Medicaid form and your UnitedHealthcare-Texas ID card with you when you get any health care services. You will need to show your Medicaid form and health plan ID card each time you need services. If you lose your Medicaid form, call or visit your local HHSC Benefits Office to get another one. Dial 2-1-1 on your phone and select option 2 to get the location of your closest HHSC office.

If you lose your UnitedHealthcare-Texas ID Card you must call Customer Service at 1-800-213-5846 or call TDD/TTY 711 for hearing impaired.

Look at your both your Medicaid ID and your UnitedHealthcare-Texas ID Card to make sure that your name, address, and phone number are correct. Call Member Services at 1-800-213-5846 or call TDD/TTY 711 for hearing impaired, if something is wrong with your UnitedHealthcare-Texas ID Card. Call your local Health and Human Service Commission Eligibility Office at 1-800-252-8263 if something is wrong with your Medicaid ID.

FOR THE CLIENT: About your Medicaid ID Form

This is your Medicaid Identification form. A new Medicaid Identification form will be mailed to you each month. Take your most recent Medicaid Identification form with you when you visit your doctor or receive services from any of your health care providers. This form helps health care providers know which services you can receive and to bill Medicaid.

If you receive a letter from HHSC stating that the Medicaid program will not pay for certain health services your provider thinks you need, the letter will inform you of your right to ask for a fair hearing to appeal the denial of services. The letter will tell you whom to call or where you can write to request a hearing.

NOTE: According to state law a recipient of Medicaid automatically gives HHSC his or her right to financial recovery from personal health insurance, other recovery sources and money received as a result of personal injuries, to the extent HHSC has paid for medical services. This allows HHSC to recover the costs of medical services paid by the Medicaid program. Any applicant or recipient who knowingly withholds information regarding any sources of payment for medical services violates state law.

Get Answers to Your Questions		
Question	Contact	Phone
Whom can I call to find out which services are paid by Medicaid?	Medicaid Hotline	1-800-252-8263
Whom can I call if I get a bill from a Medicaid provider?	Texas Medicaid Healthcare Partnership Client Hotline	1-800-335-8957
Whom should I call if I need help finding or contacting a doctor, dentist, case manager, or other Medicaid provider for someone 21 years old or younger?	Texas Health Steps	1-877-847-8377
Who can drive me to my Medicaid provider?	Medical Transportation	1-877-633-8747
Who can help me if I have questions or problems with my health plan, or my Primary Care Case Management (PCCM) doctor?	STARLINK	1-866-566-8989
If I am receiving help paying my high medical bills and I need information about my case, whom do I call?	Texas Medicaid Healthcare Partnership Client Hotline	1-800-335-8957
Whom can I call to find out about nursing home care, adult day care or other long-term care services?	Department of Aging and Disability Services Consumer Rights Hotline	1-800-458-9858
Who can tell me about how my other insurance might affect my Medicaid benefits?	Texas Medicaid Healthcare Partnership Third Party Resources Hotline	1-800-846-7307
To whom do I report Medicaid fraud, waste or abuse?	Office of Inspector General	1-800-436-6184
Whom do I talk to about helping me pay my private insurance premiums?	Health Insurance Premium Program Hotline	1-800-440-0493
Whom do I talk to if I receive supplemental security income and I need to change my address?	Social Security Administration	1-800-772-1213
Whom do I call if I have questions about my Medicare Rx Prescription Program?	Medicare	1-800-MEDICARE (1-800-633-4227)

PARA EL CLIENTE: Información sobre la forma de identificación de Medicaid

Esta es su forma de identificación de Medicaid. Se le enviará por correo una nueva forma de identificación de Medicaid cada mes. Lleve con usted la forma más reciente cuando vaya al doctor o reciba servicios de uno de sus proveedores de atención médica. Esta forma ayuda a los proveedores de atención médica a saber cuáles servicios puede recibir usted y a facturar a Medicaid.

Si recibe una carta de la Comisión de Salud y Servicios Humanos (HHSC) indicando que el programa Medicaid no pagará ciertos servicios de salud que su proveedor cree que usted necesita, la carta le informará de su derecho de pedir una audiencia imparcial para apelar la negación de servicios. La carta le indicará a quién debe llamar o a dónde puede escribir para solicitar una audiencia.

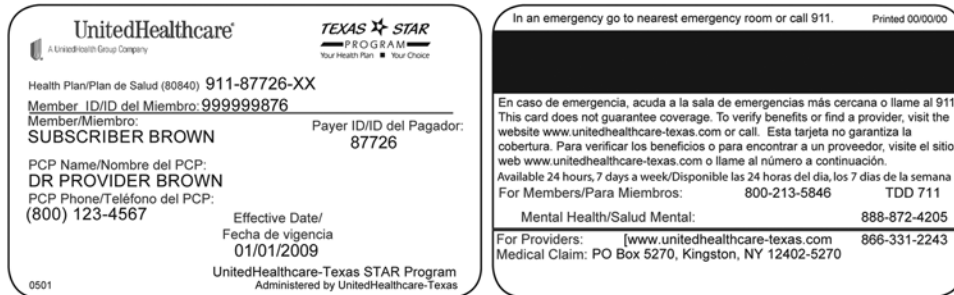
NOTA: según las leyes estatales una persona que recibe Medicaid le otorga automáticamente a la HHSC su derecho a recuperación económica de un seguro de salud personal, otras fuentes de recuperación y dinero que reciba por lesiones personales, hasta en la medida en que la HHSC haya pagado por servicios médicos. Esto le permite a la HHSC recuperar los costos de servicios médicos pagados por el programa Medicaid. Cualquier solicitante o cliente que a sabiendas retenga información sobre las fuentes de pago por servicios médicos viola la ley estatal.

Reciba respuestas a sus preguntas		
Pregunta	Contacto	Teléfono
¿A quién puedo llamar para información sobre que servicios paga el Medicaid?	Línea directa de Medicaid	1-800-252-8263
¿A quién puedo llamar si recibo una cuenta de un proveedor de Medicaid?	Línea Directa del Cliente de Texas Medicaid Healthcare Partnership	1-800-335-8957
¿A quién debo llamar si necesito ayuda para encontrar o comunicarme con un doctor, dentista, administrador de casos u otro proveedor de Medicaid para alguien que tiene 21 años o menos?	Pasos Sanos de Texas	1-877-847-8377
¿Quién me puede llevar a mi proveedor de Medicaid?	Transporte médico	1-877-633-8747
¿Quién me puede ayudar si tengo preguntas o problemas con mi plan de salud o con mi doctor de Primary Care Case Management (PCCM)?	STARLINK	1-866-566-8989
Si estoy recibiendo ayuda para pagar mis cuentas médicas elevadas y necesito información sobre mi caso, ¿a quién llamo?	Línea Directa del Cliente de Texas Medicaid Healthcare Partnership	1-800-335-8957
¿A quién puedo llamar para información sobre la atención en una casa para convalecientes, cuidado de adultos durante el día, u otros servicios de atención a largo plazo?	Línea Directa del Derecho al Consumidor del Departamento de Servicios a Adultos Mayores y Personas Discapacitadas	1-800-458-9858
¿Quién me puede decir como puede afectar mi otro seguro médico mis beneficios de Medicaid?	Línea Directa de Recursos de Terceros de Texas Medicaid Healthcare Partnership	1-800-846-7307
¿A quién le denuncio el fraude, malgasto o abuso de Medicaid?	Oficina de la Fiscalía General	1-800-436-6184
¿Con quién hablo sobre ayuda para pagar mis primas de seguro privado?	Línea Directa del Programa de Primas de Seguro de Salud	1-800-440-0493
¿Con quién hablo si recibo Seguridad de Ingreso Suplementario y necesito cambiar mi dirección?	Administración de Seguro Social	1-800-772-1213
¿A quién llamo si tengo preguntas sobre mi Programa de Medicare Rx para Medicamentos con Receta?	Medicare	1-800-MEDICARE (1-800-633-4227)

When and where do I use my UnitedHealthcare-Texas ID Card?

Every person who becomes a member of UnitedHealthcare-Texas gets an ID card. Your ID card and the Medicaid ID give the doctor and office staff important information about you. You will get a new ID card if you change your Primary Care Provider (PCP).

Your UnitedHealthcare-Texas ID Card



How to read your card

Your ID card will have the STAR symbol and the UnitedHealthcare-Texas symbol. This will let your provider know that you are a UnitedHealthcare-Texas member. Your name, ID number, the date you joined the UnitedHealthcare-Texas program, and your date of birth will be seen on your card. Your group number will also be on your card.

Remember to take your card with you and present it whenever you get services. Your provider will need the information on your card to find out what your coverage is.

Other things you might find on your card

Your PCP will help you with your health care. Call UnitedHealthcare-Texas at 1-800-213-5846 within 24 hours of going to the Emergency Room.

Other Numbers:

UnitedHealthcare-Texas TDD/TTY 711, for hearing impaired

United Behavioral Health: 1-888-872-4205

Vision Care: 1-800-213-5846

UnitedHealthcare-Texas

24 hours, 7 days a week: 1-800-213-5846

UnitedHealthcare-Texas

9702 Bissonnet, Suite 2200W

Houston, TX 77036

How to replace your card if it is lost or stolen

If you lose UnitedHealthcare-Texas ID card or it is stolen, call Member Services right away at 1-800-213-5846. Member Services will send you a new one. Call TDD/TTY: 711 for hearing impaired. If your Medicaid ID is lost or stolen, call the Health and Human Services Commission at 1-800-252-8263.

Information about your temporary Medicaid ID (Form 1027A)

4.15.1 Medicaid Eligibility Verification (Form H1027-A)

Texas Health and Human Services Commission/Form H1027-A(09-2007)

Medicaid Eligibility Verification
Confirmación de elegibilidad para Medicaid

Name of Doctor/Nombre del doctor	Name of Pharmacy/Nombre de la farmacia
----------------------------------	--

THIS FORM COVERS ONLY THE DATES SHOWN BELOW. IT IS NOT VALID FOR ANY DAYS BEFORE OR AFTER THESE DATES.
 ESTA FORMA ES VÁLIDA SOLAMENTE EN LAS FECHAS INDICADAS ABAJO. NO ES VÁLIDA NI ANTES NI DESPUÉS DE ESTAS FECHAS.

Each person listed below has applied and is eligible for MEDICAID BENEFITS for the dates indicated below, but has not yet received a client number. Do not submit a claim until you are given a client number. Pharmacists have 90 days from the date the number is issued to file clean claims. However, check your provider manual because other providers may have different filing deadlines. Call the eligibility worker named below if you have not been given the client number(s) within 15 days.

Each person listed below is eligible for MEDICAID BENEFITS for dates indicated below. The Medicaid Identification form is lost or late. The client number must appear on all claims for health services.

Date Eligibility Verified	Verification Method <input type="checkbox"/> Local DCU <input type="checkbox"/> SAVERR Direct Inquiry <input type="checkbox"/> Regional Procedure <input type="checkbox"/> S.O DCU (A & D Staff Only)	BIN <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold; font-size: 1.2em;">610098</div>
---------------------------	--	---

Client Name Nombre del Cliente	Date of Birth Fecha de Nacimiento	Client No. Cliente Num.	Eligibility Dates Período de Elegibilidad		Medicare Claim No. Núm. de Solicitud de Pago de Medicare	Plan Name and Member Services Toll-Free Telephone No. Nombre del plan y teléfono gratuito de Servicios para Miembros
			From/Desde	Through/Hasta		

I hereby certify, under penalty of perjury and/or fraud, that the above client(s) have lost, have not received, or have no access to the Medicaid Identification (Form H3087) for the current month. I have requested and received Form H1027-A, Medical Eligibility Verification, to use as proof of eligibility for the dates shown above. I understand that using this form to obtain Medicaid benefits (services or supplies) for people not listed above is fraud and is punishable by fine and/or imprisonment.

CAUTION: If you accept Medicaid benefits (services or supplies), you give and assign to the state of Texas your right to receive payments for those services or supplies from other insurance companies and other liable sources, up to the amount needed to cover what Medicaid spent.

Por este medio certifico, bajo pena de perjurio y/o fraude, que los clientes nombrados arriba hemos perdido, no hemos recibido o por otra razón no tenemos en nuestro poder la identificación para Medicaid (Forma H3087) del corriente mes. Solicité y recibí esta Confirmación de Elegibilidad Médica (Forma H1027-A) para comprobar nuestra elegibilidad para Medicaid durante el período cubierto especificado arriba. Comprendo que usar esta confirmación para obtener beneficios (servicios o artículos) de Medicaid para alguna persona no nombrada arriba como beneficiario constituye fraude y es castigable por una multa y/o la cárcel.

ADVERTENCIA: Si usted acepta beneficios de Medicaid (servicios o artículos), otorga y concede al estado de Texas el derecho a recibir pagos por los servicios o artículos de otras compañías de seguros y otras fuentes responsables, hasta completar la cantidad que se requiere para cubrir lo que haya gastado Medicaid.

Signature—Client or Representative/Firma—Cliente o Representante

Date/Fecha

Office Address and Telephone No./Oficina y Teléfono

Name of Worker (type)/Nombre del trabajador	Worker B.I.N.	Worker Signature X	Date
Name of Supervisor* (type)/Nombre del supervisor*	Supervisor* B.I.N.	Supervisor Signature X	Date

or Authorized Lead Worker/o Trabajador encargado

Medicaid clients do not have to pay bills which Medicaid should pay. It is very important that you tell your doctor, hospital, drugstore, and other health care providers right away that you have Medicaid. If you do not tell them that you have Medicaid, you may have to pay these bills. If you get a bill from a doctor, hospital, or other health care provider, ask the provider why they are billing you. If you still get a bill, call the Medicaid hotline at 1-800-252-8263 for help. If Medicaid will not pay the bill or if Medicaid benefits (services and supplies) are denied, you may request a fair hearing by writing to the address or calling the telephone number listed on the letter you get.

Note: Family planning clinics and other providers give free physical exams, lab tests, birth control methods (including sterilization) and contraceptive counseling.

El cliente de Medicaid no tiene que pagar cuentas m3dicas que Medicaid debe pagar. Es muy importante que usted diga inmediatamente a su m3dico, al hospital, a la farmacia y a otros proveedores de servicios m3dicos que usted tiene Medicaid. Si no les dice que tiene Medicaid, puede que usted tenga que pagar estas cuentas. Si usted recibe una cuenta de un doctor, un hospital, u otro proveedor de servicios m3dicos, pregunte por qu3 le mand3 la cuenta. Si todav3a le mandan una cuenta, llame al n3mero directo de Medicaid al 1-800-252-8263 para pedir ayuda. Si Medicaid no va a pagar la cuenta o si se niegan los beneficios de Medicaid (los servicios o los art3culos), usted puede pedir por escrito una audiencia imparcial. La direcci3n y el n3mero de tel3fono aparecen en la carta que recib3.

Nota: Las cl3nicas de planificaci3n familiar y los otros proveedores ofrecen gratis ex3menes f3sicos, an3lisis de laboratorio, m3todos anticonceptivos (inclusive la esterilizaci3n) y consejer3a sobre los anticonceptivos.

Provider Information/Informaci3n para el proveedor

Only those people listed under "CLIENT NAME" have Medicaid coverage. Payment is allowed ONLY for services received during the eligibility dates reflected on the front of this form.

Note: Payment for Family Planning Services is available without the consent of the client's parent or spouse. Confidentiality is required. Family planning drugs, supplies, and services are exempt from the prescription drug and "LIMITED" restrictions.

If there is a health plan named on the front of this form, the client is a member of that health plan in a Medicaid Managed Care program.

Key to terms that may appear on this form:

Limited— Except for family planning services, and for Texas Health Steps (EPSDT), medical screening, dental, and hearing aid services, the client is limited to seeing the doctor and/or limited to using the pharmacy named on the form for drugs obtained through the Vendor Drug Program. In the event of an emergency medical condition as defined below, the "LIMITED" restriction does not apply.

Emergency— The client is limited to coverage for an emergency medical condition. This means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms sufficient severity (including severe pain) such that the absence of immediate medical care could reasonably be expected to result in (1) placing the patient's health in serious jeopardy, (2) serious impairment to bodily functions or (3) serious dysfunction of any bodily organ or part.

Hospice— The client is in hospice and waives the right to receive services related to the terminal condition through other Medicaid programs. If a client claims to have canceled hospice, call the local hospice agency or HHSC to verify.

OMB— The Medicaid agency is providing coverage of Medicare premiums, deductible, and coinsurance liabilities, but the client is not eligible for regular Medicaid benefits.

MOMB— The Medicaid agency is providing regular Medicaid coverage as well as coverage of Medicare premiums, deductibles, and coinsurance liabilities.

PE— Medicaid covers only family planning and medically necessary outpatient services.

Women's Health Program— Medicaid coverage is limited to an annual exam, health screenings and contraceptives. The client is not eligible for regular Medicaid benefits.

Note to Pharmacy: Medicaid will pay for more than three prescriptions each month for any Medicaid client who is under age 21, or lives in a nursing facility, or has the STAR/STAR+PLUS Health Plan, or gets services through the Community Living Assistance and Support Services (CLASS), Community Based Alternatives (CBA) and other non-SSI community-based waiver programs. Clients with Medicare who are enrolled in STAR+PLUS may be limited to three prescriptions per month.

You might get a temporary ID card. Take your temporary ID card with you to the doctor, and to get other medical care.

- Show your UnitedHealthcare-Texas ID card and Medicaid ID every time you go to a doctor's office or clinic.
- If you move or change your phone number, call Member Services at 1-800-213-5846. Call TDD/TTY 711 for hearing impaired.

If you move or change your phone number, call Member Services

What is Member Services?

UnitedHealthcare-Texas has a Member Services Department that can answer questions and give you information on:

- Membership
- Choosing a Primary Care Provider
- Specialists, hospitals, and other Providers
- Covered services
- Changing Primary Care Providers
- Filing a complaint
- Making a name or address change
- Getting a ride to the doctor
- Getting an interpreter
- Anything else you might have a question about

Member Services can also give you materials that will teach you things such as:

- Living with a chronic illness
- How to get behavioral health care
- Eating healthy foods
- Safe sex and birth control
- HIV/AIDS
- Keeping up with Texas Health Steps

We are happy to help you with other topics not listed here. Just give us a call at 1-800-213-5846.

Call TDD/TTY 711 for hearing impaired.

What is a Primary Care Provider (PCP)?

Your PCP has the job of taking care of you. Regular checkups with your PCP are important and can help you stay healthy. Your PCP will do regular health screenings that can find problems. Finding and treating problems early can prevent them from becoming bigger problems later. Your PCP will be your personal doctor from now on. Your PCP will take care of you and refer you to a specialist when needed. You should talk to your PCP about all your health care needs.

Always talk to your PCP when you want to visit another doctor. Your PCP will give you a referral form if you need one.

What do I need to bring with me to my doctor's appointment?

You must take your Medicaid Form and your Health Plan ID card with you when you receive any healthcare services. You will need to show your Medicaid Form and UnitedHealthcare-Texas ID card each time you need services. If you lose your Medicaid ID, contact your local Health and Human Services Commission Eligibility Office at 1-800-252-8263.

How do I pick a PCP?

Call Member Services for help in choosing a PCP. All members of UnitedHealthcare-Texas must pick a PCP.

Can a clinic be my PCP?

Your PCP can be a doctor, a clinic, a Rural Health Center (RHC) or a Federally Qualified Health Center (FQHC). If you go to a doctor you like, you can keep going to that doctor if he or she is in the UnitedHealthcare-Texas network. If your doctor is a specialist, he or she might be allowed to be your PCP.

If your doctor is NOT in the UnitedHealthcare-Texas network, an Enrollment Counselor will help you pick a new doctor. If you do not pick a doctor, one will be assigned to you. We will send you a UnitedHealthcare-Texas ID card, with your PCP's name, address, and phone number. The phone number for the state's Enrollment Counselor is 1-800-964-2777.

How do I make appointments?

Call your PCP when you need medical care. Your PCP will arrange for the care you need. You can reach your PCP 24 hours a day, 7 days a week. The name and phone number of your PCP is on your UnitedHealthcare-Texas ID card.

Write down the day and time of your appointment when you schedule one with your doctor.

Most PCPs are very busy. Call for an appointment as soon as you can. Please be on time. Call the doctor's office if you cannot keep your appointment or if you will be late.

When making appointments, the sicker you are, the sooner you need to see the doctor. Your UnitedHealthcare-Texas PCP will see you within the number of days shown below.

What is emergency medical care and how soon can I expect to be seen?

A medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:

- Placing the patient's health in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.
- Serious disfigurement.
- In the case of a pregnant woman, serious jeopardy to the health of a woman or her unborn child.

If you have an EMERGENCY, you will be seen IMMEDIATELY. Emergency services are for health problems that need medical care right away. Examples of emergency services are an injury, a sudden serious illness, or severe pain.

What is urgent medical care and how soon can I expect to be seen?

If you have an URGENT situation, you will be seen within 24 HOURS. Urgent care is for problems that come up suddenly and are not emergencies, but need prompt care to keep from getting worse. Examples of urgent care are respiratory illnesses, simple burns, wounds and minor illnesses like the flu.

What is routine medical care and how soon can I expect to be seen?

If you need ROUTINE care, you will be seen within 10 BUSINESS DAYS. Routine care is care that prevents problems and keeps you healthy. An example of routine care is a Texas Health Steps visit. If you need help making an appointment, call Member Services at 1-800-213-5846.

How do I get health care after my PCP's office is closed?

It is best to call your PCP as soon as you need health care. Do not wait until the evening or a weekend to call your PCP if you can get help during the day. Your illness might get worse as the day goes on. If you get sick during the night or on a weekend, and cannot wait for help, call your PCP at the phone number on the front of your ID card. Your PCP is ready 24 hours a day, 7 days a week for all members, so you can always get help.

You will get help in one of three ways:

1. The office phone is answered after hours by an answering service that will call your PCP or another doctor on call;
2. The office phone is answered by a recording. The message tells you to call another number to reach your PCP, or the message will give you the number of another doctor who is a backup to your PCP; or
3. The office phone is transferred to another office where someone will answer your call in person and contact your PCP or the doctor on call.

How can I change my PCP?

It is good to stay with the same PCP. Your PCP knows you, has your medical records, and knows what medications you take. Your PCP is the best person to make sure you are getting good medical care. Call Member Services to tell them you want to change your PCP.

How many times can I change my PCP?

You can change your PCP one time per month. Call Member Services to tell them you want to change your PCP. If you do not know who you want to change to, Member Services will send you a list so you can pick a new PCP. If you have already changed your PCP four times in a year, you cannot change again unless there is a very good reason. Call Member Services at 1-800-213-5846 or TDD/TTY 711 for hearing impaired, to tell them about your reason.

**Your PCP is the best person
to help make sure you are getting good medical care.**

When will my PCP change become effective?

The PCP change will become effective the day following the change.

Some reasons you might change your PCP:

- You have moved and you need a PCP that is closer to your home.
- You are not happy with your PCP.

Some reasons you might not be able to get the PCP you pick:

- You asked for a PCP who is not part of the UnitedHealthcare-Texas health plan.
- You asked for a PCP who is not accepting new patients because he or she is seeing too many patients.
- You have already changed your PCP four times in a single year.

Can my PCP request that I be changed to another PCP for non-compliance?

Your PCP might ask that you change to another PCP because:

- You and your PCP do not get along.
- You do not follow your PCP's advice.

What if I pick another doctor who is not my PCP?

If your doctor is NOT in UnitedHealthcare-Texas, please call Member Services and they can help you choose a UnitedHealthcare-Texas PCP. If you do not pick a doctor, one will be assigned to you. Note: If you lose your Medicaid eligibility, you cannot get care or services under UnitedHealthcare-Texas. If you temporarily lose your STAR eligibility and regain it within 180 days, you will automatically return to UnitedHealthcare-Texas and the same PCP you had before, unless they are no longer a part of UnitedHealthcare-Texas.

Do I have the right to pick an OB/GYN?

ATTENTION FEMALE MEMBERS

UnitedHealthcare – Texas allows you to pick an OB/GYN but this doctor must be in the same network as your PCP.

You have the right to pick an OB/GYN without a referral from your PCP. An OB/GYN can give you:

- One well-woman checkup per year
- Care related to pregnancy
- Care for any female medical condition
- Referral to a special doctor within the network

Can I stay with my OB/GYN if they aren't with UnitedHealthcare-Texas?

You are required to choose an OB/GYN that is participating in the UnitedHealthcare-Texas network. However, if you are in the last trimester of your pregnancy, you can stay with your existing OB/GYN.

How do I pick an OB/GYN?

Call Customer Service for help or pick one from the provider directory.

If I do not pick an OB/GYN, do I have direct access?

Yes.

Will I need a referral for OB/GYN services?

No.

What if I am pregnant?

Call your PCP as soon as you know you are pregnant. UnitedHealthcare-Texas has a maternity care program. This program, including counseling, gives you care before, during and after you have your baby. You can expect to be seen within two weeks of scheduling your appointment.

Who do I need to call if I am pregnant

Call your doctor and call UnitedHealthcare-Texas' Healthy First Steps Program at 1-800-599-5985.

What is Case Management Services for Children and Pregnant Women (CPW)?

Case Management for Children and Pregnant Women (CPW) provides services to children with a health condition/health risk, birth through 20 years of age and to high-risk pregnant women of all ages, in order to help them gain access to medical, social, educational and other health-related services.

If you are pregnant and want Case Management Services, contact UnitedHealthcare-Texas' Healthy First Steps Program at 1-800-599-5985. You can also visit the state website below to learn more about the CPW Program.

- Pregnant Women and Infants Case Management (CPW): <http://www.dshs.state.tx.us/caseman/default.shtm>.

What other services/activities/education does the plan offer pregnant women?

Pregnant women not only get Case Management Services through our Healthy First Steps Program, but they get special services too. Pregnant women will be sent the book "What to expect when you are expecting". This book offers a guide to pregnant members and offers information on several pregnancy topics.

All pregnant women will also be invited to attend our Baby Showers. Members and their guests are invited to join us for the Baby Showers where we offer prizes, refreshments, and educational information on pregnancy subjects such as healthy first steps programs, Texas Health Steps, common discomforts of pregnancy and pre-term labor.

How soon can I be seen after contacting my OB/GYN for an appointment?

You can be seen within two weeks of contacting your doctor to request a prenatal visit.

How do I sign up my newborn baby?

Be sure to notify your Medicaid Case Worker as soon as your baby is born. Call the Texas Health and Human Services Commission at 1-800-252-8263 to apply for Temporary Assistance for Needy Families (TANF) if you need help with buying food for you and your baby.

Can I pick a PCP for my Baby before the baby is born?

Yes. You can pick a PCP for your baby from the list of UnitedHealthcare-Texas STAR doctors at any time before your baby is born. It is a good idea to do that so you can get to know the doctor. Call Member Services if you want help picking a doctor for your baby.

How and when can I change my baby's PCP?

You can change your baby's PCP the same way you change your PCP. Call Member Services at 1-800-213-5846 if you want to change your baby's PCP.

Can I switch my baby's health plan?

For at least 90 days from the date of birth, your baby will be covered by the same health plan that you are enrolled in. You can ask for a health plan change before the 90 days is up if both your current health plan and your new health plan agree to a transfer.

You cannot change health plans while your baby is in the hospital.

Who do I call if I have special health care needs?

If you have any special health care needs, be sure to call Member Services at 1-800-213-5846.

What is Texas Health Steps?

Special care for children — Texas Health Steps

There is a special health care program for children covered by STAR. It is called Texas Health Steps. This program is for Children and Teens age 0 to 20 years who receive Medicaid and is designed to keep children healthy.

If you get your checkups, the doctor can find and treat problems before they become serious.

What services are offered by Texas Health Steps?

- Physical examinations
- Measures of height, weight and blood pressure
- Vaccines (immunizations) to prevent illness
- Eye checkups and glasses
- Hearing test and hearing aids
- Dental assessment
- Diet evaluation and counseling
- Developmental assessment
- Lab tests
- Diagnosis and treatment for problems found during the checkup
- Other health care services, if needed

Does my Texas Health Steps doctor have to be part of the UnitedHealthcare-Texas Network?

No, your child can be seen by any Texas Health Steps Doctor. By getting regular checkups, your doctor is able to find and treat problems before they become serious. You do not need a referral. You have the freedom to pick any Texas Health Steps doctor.

What if I am out of town and my child is due for a Texas Health Steps checkup?

If you are out of town when your child is due for a Texas Health Steps checkup, you can use any Texas Health Steps doctor in Texas. If you need help or have questions, call Member Services at 1-800-213-5846.

Do I have to have a referral?

No.

How and when do I get Texas Health Steps medical and dental checkups for my child?

Every parent wants their child to be happy and healthy. Keeping them up to date with all check-ups is one of the ways to promote your child's well-being.

Your children should visit the doctor at these times for their Texas Health Steps check-ups:

INFANCY:

- At Birth while still in the hospital,
- 3-5 days of life,
- 2 weeks
- At 2, 4, 6, 9, months,

EARLY CHILDHOOD:

- At 12, 15, and 18 months
- 2, 3 and 4 years

LATE CHILDHOOD:

- At 5, 6, 7, 8, 9,10 ,11, 12 years

ADOLESCENCE:

- At 14, 15, 16, 17, 18 and 20 years

Your children should visit the dentist at these times for their Texas Health Steps check-ups:

- Children need to start seeing the dentist at 6 months then every 6 months thereafter through 20 years of age.

Contact any Texas Health Steps doctor in Texas when your child is due for a checkup. If you are not sure your child is up to date with medical, dental, vision or hearing care, please call Member Services at 1-800-213-5846.

Remember, if you do not keep your child’s Texas Health Steps checkups and vaccines up-to-date, the amount of your TANF check could be reduced.

What if I need to cancel an appointment?

Call your doctor’s office if you need to cancel a Texas Health Steps appointment. Reschedule the checkup as soon as you can so your child will stay healthy.

What if I am a migrant farm worker?

Children of Migrant Farm Workers can receive a Texas Health Steps medical checkup before it is due. You can get your checkup sooner if you are leaving the area. The appointment should be made and the exam done before leaving the area. You can call 1-800-213-5846 for help setting up the appointment. This is a benefit only to children of migrant farm workers and is considered an “accelerated” service under Texas Health Steps, or one that is given before it is actually due. Please call us and let us know if anyone in your family or your relatives has worked as a Migrant farm worker.

How can I get Family Planning Services?

You can go to your PCP or any doctor or Family Planning clinic that takes Medicaid to help you with family planning. You do not need a referral form. Tell your PCP where you are going so your records can be kept up-to-date. Family Planning Services are very private. You do not have to worry about anyone else knowing that you are going there.

Is a referral needed for Family Planning?

No referral is needed for Family Planning Services.

Where do I find a Family Planning service provider?

Here is a website you can use to find a family planning provider: <http://www.dshs.state.tx.us/famplan/locator.shtm> or they are listed below

BRAZORIA COUNTY BY ZIP CODE

The University of Texas Medical Branch Regional Maternal and Child Health Program
RMCHP Angleton
1108 A East Mulberry
Angleton, TX 77515
Phone: (979) 849-0692
Fax: (979) 849-1094
Hours: Mon, Wed, Thur, Fri 8-5 Tue 8-7

The University of Texas Medical Branch Regional Maternal and Child Health Program
RMCHP Pearland
2750 East Broadway
Pearland, TX 77581
Phone: (281) 485-3220
Fax: (281) 485-3506
Hours: Mon 8-7 Tue - Fri 8-5

FORT BEND COUNTY BY ZIP CODE

Fort Bend Family Health Center, Inc
Fort Bend Family Health Center - Richmond Center
400 Austin St
Richmond, TX 774694406
Phone: (281) 342-4530
Fax: (281) 342-3832
Hours: Mon, Wed, Fri 8-5 Tues 7-6:30 Thur 7-5 Sat 8-12

Planned Parenthood of Houston & Southeast Texas
Planned Parenthood of Houston Rosenberg Health Center
4203 Avenue H, #7
Rosenberg, TX 77471
Phone: (281) 342-8408
Fax: (281) 232-2113
Hours: Mon, Wed 8:30 - 5 Tue 8:30 - 4:30 Thur 10 - 7

GALVESTON COUNTY BY ZIP CODE

The University of Texas Medical Branch Regional Maternal and Child Health Program
RMCHP Texas City
1104 20th Street North
Texas City, TX 77590
Phone: (409) 643-8359
Fax: (409) 643-8367
Hours: Mon - Fri 8-5

The University of Texas Medical Branch Regional Maternal and Child Health Program
RMCHP Galveston
301 University Blvd., UHC Ste 7.404
Galveston, TX 775551359
Phone: (409) 747-4952
Fax: (409) 747-4947
Hours: Mon 8-7 Tue, Wed, Thur, Fri 8-5

Planned Parenthood of Houston & Southeast Texas
Planned Parenthood of Houston Dickinson Health Center
3315 Gulf Freeway
Dickinson, TX 77539
Phone: (281) 337-4618
Fax: (281) 534-4519
Hours: Mon 10 - 7 Tue, Fri 8 - 4:30p Wed 8 - 3p Thurs 8 - 4p Sat 8 - 1p

HARRIS COUNTY BY ZIP CODE

Asian American Health Coalition-HOPE
HOPE Clinic
7001 Corporate Drive, Suite 120
Houston, TX 77036
Phone: (713) 773-0803
Fax: (713) 271-5422
Hours: Mon, Wed, Fri 9 - 5 Tue 12 - 8 Thur 12 - 8 Sat 9 - 12

Legacy Community Health Services Inc
Legacy Community Health Services Inc
6441 High Star
Houston, TX 77001
Phone: (713) 830-3002
Fax: (713) 830-3023
Hours: TBD

Harris County Public Health and Environmental Services
HCPHES Webster Health Clinic
311 Pennsylvania
Webster, TX 77598
Phone: (281) 338-0637
Fax: (281) 338-0723
Hours: Wed 9 - 4

The University of Texas Medical Branch Regional Maternal and Child Health Program
RMCHP Katy
511 Park Grove Drive
Katy, TX 77450
Phone: (281) 398-7001
Fax: (281) 398-8175
Hours: Mon 8-7 Tue, Wed, Thur, Fri 8-5

Planned Parenthood of Houston & Southeast Texas
Planned Parenthood of Houston Fannin Health Center
4600 Gulf Freeway
Houston, TX 77023
Phone: (713) 522-3976
Fax: (713) 535-2422
Hours: Mon 9 -7:45 Tue - Wed 8:30 - 4:45 Thur 8:30 - 5:45 Fri 7 - 4:15 Sat 8 - 12:45

City of Houston Department of Health and Human Services
City of Houston Riverside Health Center
3rd Ward, 3315 Delano
Houston, TX 77004
Phone: (713) 831-9600
Fax: No number on file
Hours: Mon 8:30 - 5:30 Tue & Fri 7:30 - 4:30 Wed 7 - 11 Thur 11:00 - 7:00

Legacy Community Health Services Inc
Legacy Community Health Services, Inc.
215 Westheimer
Houston, TX 77006
Phone: (713) 830-3002
Fax: (713) 830-3023
Hours: Mon- Thur 9 - 7 Fri 9 - 6 Sat 9 - 12

City of Houston Department of Health and Human Services
City of Houston La Nueva Casa De Amigos Health Center
1809 N Main St
Houston, TX 77009
Phone: (713) 547-8000
Fax: No number on file
Hours: Mon 8:30 - 5:30 Tue - Fri 7 - 4

City of Houston Department of Health and Human Services
City of Houston Magnolia Health Center
7037 Capitol Ave
Houston, TX 77011
Phone: (713) 928-9800
Fax: No number on file
Hours: Mon 8:30-5:30 Tue - Fri 7:30-4:30

Baylor College of Medicine- Teen Health Clinic
Teen Health Clinic-Chavez High
8501 Howard
Houston, TX 77017
Phone: (713)495-6971
Fax: (713) 495-6986
Hours: Mon - Fri 8 - 4:30

City of Houston Department of Health and Human Services
City of Houston Lyons Avenue Health Center
5602 Lyons Avenue
Houston, TX 77020
Phone: (713) 671-3000
Fax: No number on file
Hours: Mon 8:30 - 5:30 Tue - Fri 7:30 - 4:30

Baylor College of Medicine- Teen Health Clinic
Baylor Teen Health Clinic - Cullen
5737 Cullen, Ste 200
Houston, TX 77021
Phone: (713) 440-7313
Fax: (713) 440-8358
Hours: Mon - Thur 8 - 6:30

Baylor College of Medicine- Teen Health Clinic
Baylor Teen Health Clinic - LBJ Hospital
5656 Kelley
Houston, TX 77026
Phone: (713) 566-5612
Fax: (713) 566-5610
Hours: Mon - Thur 8 - 6:30

Baylor College of Medicine- Teen Health Clinic
Baylor Teen Health Clinic - Cavalcade
3815 Cavalcade
Houston, TX 77026
Phone: (713) 673-1655
Fax: (713) 673-1549
Hours: Mon - Thur 8 - 6:30

Baylor College of Medicine- Teen Health Clinic
Baylor Teen Health Clinic - Ben Taub
1504 Taub Loop
Houston, TX 77030
Phone: (713) 873-3601
Fax: (713) 873-3608
Hours: Mon - Thur 8 - 6:30

Planned Parenthood of Houston & Southeast Texas
Planned Parenthood of Houston Greenspoint Health Center
11834 Airline Drive
Houston, TX 77037
Phone: (281) 820-5305
Fax: (281) 445-4553
Hours: Mon, Tue, Thur Fri 8:30 - 4:30

City of Houston Department of Health and Human Services
City of Houston Sunnyside Health Center
9314 Cullen Blvd
Houston, TX 77051
Phone: (713) 732-5000
Fax: (713) 732-5010
Hours: Mon 8:30 - 5:30 Tue - Fri 7:30 - 4:30

Legacy Community Health Services Inc
Legacy Community Health Services
5602 Lyons Avenue
Houston, TX 77020
Phone: (713) 830-3002
Fax: (713) 830-3023
Hours: Mon - Thur 8:30 - 5:30 Fri 8:30 - 5

Baylor College of Medicine- Teen Health Clinic
Baylor Teen Health Clinic - Lee High School
6529 Beverly Hill Lane
Houston, TX 77057
Phone: (713) 787-1756
Fax: (713) 787-1713
Hours: Mon - Fri 8 - 4:30

Southeast Texas Family Planning & Cancer Screening (SOGA)
Southeast Texas Family Planning & Cancer Screening (SOGA)
6671 Southwest Houston
Houston, TX 77074
Phone: (713) 774-6550
Fax: (713) 774-7156
Hours: Mon, Wed, Thur 8:30 - 5 Tue 8:30 - 6 Sat 9:30 - 12

Planned Parenthood of Houston & Southeast Texas
Planned Parenthood of Houston Southwest Health Center
5800 Bellaire Blvd, Bldg 1B, Suite 120
Houston, TX 77081
Phone: (713) 541-5372
Fax: (713) 271-8212
Hours: Mon, Wed, Thur, Fri 8:30 - 4:30 Tue 10 - 7

Baylor College of Medicine- Teen Health Clinic
Baylor Teen Health Clinic - Lawn
8111 Lawn, Box 2-3
Houston, TX 77088
Phone: (281) 847-9970
Fax: (281) 820-3717
Hours: Mon - Thur 8 - 6:30

Harris County Public Health and Environmental Services
HCPHES Antoine Health Clinic
5815 Antoine, Ste A
Houston, TX 77091
Phone: (713) 602-3300
Fax: (713) 602-3374
Hours: Mon, Wed, Thur, Fri 7:30 - 5 Tue 7:30 - 7

City of Houston Department of Health and Human Services
City of Houston Northside Health Center
8523 Arkansas
Houston, TX 77093
Phone: (713) 696-5900
Fax: No number on file
Hours: Mon 8:30 -5:30 Tue-Fri 7:30-4:30 Wed 7:30-4:40

Harris County Public Health and Environmental Services
HCPHES Humble Health Clinic
1730 Humble Place Drive
Humble, TX 77338
Phone: (281) 446-4222
Fax: (281) 446-9563
Hours: Mon, Tue 7:30 - 7 Wed, Thur 7:30 - 5:30 Fri 7:30 - 1

Harris County Public Health and Environmental Services
HCPHES Baytown Health Clinic
1000 Lee Drive
Baytown, TX 77520
Phone: (281) 427-5195
Fax: (281) 427-1785
Hours: Mon, Wed 7:30 - 7 Tue,Thur 7:30 - 5:30 Fri 8-12

Harris County Public Health and Environmental Services
HCPHES La Porte Health Clinic
1000 Lee Drive
La Porte, TX 77520
Phone: (281) 471-4202
Fax: (281) 471-4363
Hours: Mon, Wed 7 - 7 Tue, Thur 7:30 - 6 Fri 7:30 - 12

Harris County Public Health and Environmental Services
HCPHES Southeast Health Clinic
3737 Red Bluff Road
Pasadena, TX 77503
Phone: (713) 740-5000
Fax: (713) 740-5110
Hours: Mon, Wed 7:30 - 7 Tue 7:30 - 6 Thur, Fri 7:30 - 5

MONTGOMERY COUNTY BY ZIP CODE

The University of Texas Medical Branch Regional Maternal
and Child Health Program
RMCHP New Caney
21134 US Hwy 59
New Caney, TX 77357
Phone: (281) 577-8966
Fax: (281) 577-8991
Hours: Mon - Fri 8 - 5

The University of Texas Medical Branch Regional Maternal
and Child Health Program
RMCHP Conroe
701 E. Davis, Suite A
Conroe, TX 77301
Phone: (936) 525-2800
Fax: (936) 539-4668
Hours: Mon, Tue, Wed, Fri 8-5 Thur 8-7

Lone Star Community Health Center, Inc.
Lone Star Community Health Center, Inc.
704 Old Montgomery Road
Conroe, TX 77301
Phone: (936) 523-5214
Fax: (936) 539-3635
Hours: Mon -Fri 8a - 9p Sat 9 - 1 Sat 9 - 1p

WALLER COUNTY BY ZIP CODE

Fort Bend Family Health Center, Inc
Fort Bend Family Health Center - Waller Center
531 FM 359 South
Brookshire, TX 77423
Phone: (281) 822-4235
Fax: (281) 375-8443
Hours: Mon, Wed,Thur 8 - 1 Tue 7 - 5 Fri 8 - 8 Sat 1 - 5

How do I get regular medical care?

Your PCP can give or arrange for the health care you need. Your PCP will give you regular checkups, treat you when you are sick, and write prescriptions for medicine and medical supplies.

- Your PCP will also talk to you about any specialty care you might need.

**Your PCP will give you regular checkups, treat you when you are sick,
and write prescriptions for medicine and medical supplies.**

When I need to see a special doctor, who do I call and how soon can I expect to be seen?

A specialist is a doctor that treats a special health problem, like a foot doctor or a heart doctor. Your PCP might want you to go to a specialist. Your PCP will give you a referral form if you need one. Give the form to the specialist when you go.

When you see a specialist:

- Make your appointment ahead of time.
- You CAN see family planning, a UnitedHealthcare-Texas OB/GYN, or dental and mental health providers WITHOUT a referral form.
- If you have any questions, call Member Services.

Visits with specialists will occur within the number of days shown below:

- EMERGENCY appointments - IMMEDIATELY.
- URGENT appointments - within 24 HOURS of the request.
- ROUTINE PRIMARY CARE appointments - within 14 DAYS of the request.
- ROUTINE SPECIALTY CARE appointments – within 30 days of the request.

What is urgent medical care?

Urgent care is for problems that come up suddenly and are not emergencies, but which need prompt care to keep them from getting worse. Examples of urgent care are respiratory illnesses, simple burns, wounds and minor illnesses like the flu

How can I request a second opinion?

You can get a second opinion for your health care. Call your PCP if you want a second opinion. You can call Member Services for help with a second opinion.

What is a referral?

A referral is a form you need to get some services. Always contact your PCP to see if a referral form is needed for a service you want.

What services do not need a referral?

You do not need a referral to make an appointment with your PCP. You do not need a referral for Texas Health Steps checkups, for your OB/GYN doctor, or for Family Planning appointments. However, you do need a referral from your PCP for many other services. Contact your PCP to ask if you need a referral for a specific service.

Physician Incentive Plan (PIP)

You have a right to know if your PCP is participating in a Physician Incentive Plan through UnitedHealthcare – Texas. You can call 1-800-213-5846 to get more information.

I don't have a car; how do I get to the doctor's office?

If you can't get to the doctor, you can call the Medical Transportation Program (MTP) at 1-877-MED-TRIP (1-877-633-8747). Call as soon as you make your appointment or at least one-week in advance.

**If you have no other way to get to the doctor, you can
call the Medical Transportation Program.**

Who do I call for a ride to a medical appointment?

If you can't get to the doctor, you can call the Medical Transportation Program (MTP) at 1-877-MED-TRIP (1-877-633-8747). Call as soon as you make your appointment or at least one-week in advance. They will ask you for:

1. Your Medicaid number
2. Your doctor's (or other provider's) name and address
3. The date, time and reason for your appointment.

MTP may provide a ride by city bus or a contracted vendor. All trips must be approved ahead of time by MTP.

Call Member Services at 1-800-213-5846 if:

1. You have a disability and an ambulance is the only way you can go to the doctor
2. You need a ride to services not covered by regular Medicaid. (like dental check ups for adults)
3. You have any questions or need help.

What are the hours of operation and limits for transportation services?

For more information on transportation services, call MTP Monday to Friday from 8 a.m. to 5 p.m at 1-877-633-8747.

How far in advance do I need to call for transportation?

Call for transportation as soon as you make your appointment or at least one week in advance.

Who do I call if I have a complaint about the transportation service or staff?

If you have a comment or complaint about the service you got, you can write or call MTP Monday to Friday from 8 a.m. to 5 p.m at 1-877-633-8747.

Can someone I know give me a ride to my appointment and get money for mileage?

If someone you know can give you a ride to the doctor they may be able to get money for their mileage. Before they can get paid, they have to fill out a form stating that they have a:

1. Current driver's license
2. Inspection sticker
3. License tags
4. Liability insurance.

The form they fill out is called an "Individual Contractor Agreement." You can get one of these forms by calling MTP at 1-877-MED-TRIP (1-877-633-8747).

Can someone interpret for me when I talk with my doctor?

It is your right to talk with your doctor in the language you prefer. UnitedHealthcare-Texas can arrange interpreter services for you.

Who do I call for an interpreter?

If you need a translator when you meet with your doctor, call Member Services at 1-800-213-5846. Call TDD/TTY 711 for hearing impaired. Call as soon as you make your appointment or at least 24 hours in advance.

How can I get a face-to-face interpreter in the provider's office?

Translators can meet you at your doctor's office and help you talk to your doctor face-to-face in the language you prefer.

How do I get my prescriptions filled?

UnitedHealthcare-Texas members with Medicaid-only coverage will get unlimited medically necessary prescriptions.

You should go to a drug store that accepts Medicaid. Your doctor can tell you where to go. You can also call UnitedHealthcare-Texas Member Services at 1-800-213-5846. Take your Medicaid ID with you to the drug store. It is best to go to the same drug store every time you get a new prescription. That way, the pharmacist can learn more about your needs and help you in the future.

Who do I call if I have problems getting my prescriptions filled?

You can call UnitedHealthcare-Texas at 1-800-213-5846.

What if I can't get my prescription approved?

If your doctor cannot be reached, the pharmacy must give you a three-day emergency supply.

What is the Medicaid Limited Program?

You may be put in the Limited Program if you do not follow Medicaid rules. It checks how you use Medicaid Pharmacy services. Your Medicaid benefits remain the same. Medicaid pharmacy rules to follow;

- Pick one drug store at one location to use all the time.
- Be sure your main doctor or the specialists he refers you to are the only doctors who give you prescriptions.
- Do not get the same type of medicine from different doctors.

To learn more call 1-800-436-6184, Option 4.

What if I have an emergency?

Emergency Medical Condition means a medical condition with acute symptoms of recent onset and such severity (including severe pain) that a prudent layperson with an average knowledge of health and medicine, could expect the absence of immediate medical care could result in:

- placing the patient's health in serious jeopardy;
- serious impairment to bodily functions;
- serious dysfunction of any bodily organ or part;
- serious disfigurement; or
- in the case of a pregnant woman, serious jeopardy to the health of a woman or her unborn child.

If you have an emergency, call 911 for help, or go to the nearest emergency room

If you have an emergency, call 9-1-1 for help, or go to the nearest emergency room so that you can be seen.

Remember to show your UnitedHealthcare-Texas ID card and Medicaid IDs to the emergency room staff. Call your PCP within two days of going to the emergency room to make sure you get any follow-up care you might need.

If you are not sure if your symptoms are life threatening, call your PCP. Your PCP will tell you what to do. You can call your PCP 24 hours a day, 7 days a week. Your PCP can help you with questions about:

- Earache, rash, colds, cough, sore throat, flu, or sinus problems
- Minor sunburn or cooking burns
- Chronic back pain or minor headache
- Broken cast or stitches needing to be removed
- Prescription refills

What is post-stabilization?

Post-stabilization care services are services covered by Medicaid that keep your condition stable following emergency medical care.

What if I need emergency transportation?

If you need an ambulance in an emergency, call 911.

What does "medically necessary" mean?

Medically necessary means:

Acute Care Services, other than Behavioral Health Services that are:

- reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a Member, or endanger life;
- provided at appropriate facilities and levels of care for the treatment of a Member's health conditions;
- consistent with health care practice guidelines and standards endorsed by professionally recognized health care organizations or governmental agencies;
- consistent with the diagnoses of the conditions;
- no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
- not experimental or investigative; and
- not primarily for the convenience of the Member or Provider

Behavioral Health Services that are:

- reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
- in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
- furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- the most appropriate level or supply of service that can safely be provided;
- could not be omitted without adversely affecting the Member's mental and/or physical health or the quality of care rendered;
- not experimental or investigative; and
- not primarily for the convenience of the Member or Provider.

What are my Health Care Benefits?

UnitedHealthcare-Texas covers specified medically necessary services.

UnitedHealthcare-Texas STAR network hospitals will provide all necessary items and services when requested by your doctor. These services include, but are not limited to:

- Bed and board in a semi-private room, critical care or heart unit
- Whole blood required for the treatment of sickness or injury
- Child delivery care (the usual care and special pre-birth care for pregnant women with specific problems)
- Newborn care (regular newborn care and special nursery care for newborns with problems)
- All necessary support services and supplies ordered by a doctor
- Transplant services, including: liver, heart, lung, bone marrow and cornea
- Ambulance services for emergencies and non-emergency situations for severely disabled members
- Substance abuse and behavioral health services

Outpatient Hospital Care:

- Services performed in the emergency room or hospital clinic
- Testing or rehabilitative items or services that are requested by your doctor
- Surgery not requiring a hospital stay
- Substance abuse and behavioral health services (when medically necessary)

Walk-in Surgery Centers:

- Minor surgery not requiring a hospital stay

Professional Services

- Office visits for regular care including:
 - Care to prevent illness (annual physical for adults)
 - Regular medical care
 - Shots to prevent sickness (immunization)
- Laboratory and x-ray services, including tests to prevent birth defects
- Genetic services
- Eye doctor services: Adults over 21 years old can get an eye exam every 24 months. Children under 21 years old can get one eye exam each state fiscal year (September 1 through August 31). For an eye care appointment, or for medical eye care, call 1-800-638-3120. Call Member Services for more information
- Emergency dental services
- Dialysis for kidney problems
- Family planning services

Other Services

- Rural health clinic services, including:
- Physician services and their support services
- Nurses and social workers
- Visiting nurse services
- Basic laboratory services
- Maternity clinic services
- Certified nurse midwife services
- Birthing center, including admission, labor, delivery, postpartum and total obstetrical care
- Texas Health Steps (EPSDT) medical check-ups
- Occupational, hearing, language or speech therapy
- Federally Qualified Health Centers (These are community clinics that have served local people for a long time. You may want to visit one and see what kind of medical services they offer.)

How do I get Health Care benefits?

Call UnitedHealthcare-Texas at 1-800-213-5846.

Are there any limits to any covered services?

Contact Member Services at 1-800-213-5846.

What extra benefits does a member of UnitedHealthcare-Texas get?

Value-added services

Value-added services are extra services UnitedHealthcare-Texas offers. As a member of UnitedHealthcare-Texas in addition to the standard Medicaid services, your child can also receive:

- 24-hour Nurseline access.
- Transportation assistance
- Routine cleaning and oral exam for adults
- Glasses for your child from a larger selection of frames.
- One sports or school physical per year to be performed by your child's PCP.
- Temporary telephone assistance.
- Assistance for asthmatics.
- Infant Care Book for Pregnant members.
- Benefits to help quit smoking.
- Boys and Girls Club Membership.
- Family first aid kit.
- Podiatry services for adults.

How do I get the extra benefits?

Call Member Services at 1-800-213-5846 for questions on how to get these services.

Adults over 21 years old can get an eye exam every 24 months. Children under 21 years old can get one eye exam each state fiscal year (September 1 through August 31). For an eye care appointment, or for medical eye care, call 1-800-638-3120. Call Member Services for more information.

What other services can UnitedHealthcare-Texas help me with?

What other services can my plan help me with? The STAR program covers the following services. These services are offered by other providers outside of the UnitedHealthcare-Texas network. We are happy to refer you to one of these providers if you are in need of these types of services:

- Pregnant Women and Infants Case Management (CPW) — Visit the website below to learn more: <http://www.dshs.state.tx.us/caseman/default.shtm>
- Prescription drugs (covered by the state Vendor Drug Program)
- Texas Health Steps dental services
- Tuberculosis (TB) clinics
- Pregnant Women and Infants Case Management (PWI) — UnitedHealthcare-Texas refers and coordinates with local agencies contracted with the Department of Assistive and Rehabilitative Services Early Childhood Intervention to perform Intake, Evaluation, Assessment, Case Management, Individual Family Service Plan development, Early Childhood Intervention service delivery and/or other Early Childhood Intervention services through UnitedHealthcare-Texas care coordination
- Women, Infants and Children Services (WIC)
- Early Childhood Intervention (ECI)
- Services by federal or state hospital doctors
- MHMR Case Management
- Mental Retardation Diagnostic Assessment (MRDA)
- Mental health rehabilitation
- Texas School Health and Related Services (SHARS)
- Texas Commission for the Blind (TCB)

Early Childhood Intervention

What is ECI?

ECI, or Early Childhood Intervention, is a program for babies and children under age 3, who may have a handicap or a delay in their growth. The ECI program may offer special services through ECI providers that are close to your home or your child's day care.

How do I get ECI services for my child?

You do not need a referral from your PCP for your child to be in an ECI program.

An ECI provider can test your child for a medical problem that may cause a delay in his or her growth. Also, your child may be tested if your doctor or family thinks your child has a disability or handicap.

What does ECI provide?

- Activities to help your child play or to help your child with daily functions
- Counseling for your child and family
- Education on your child's handicap or delay in development
- Services to help with your child's nutrition needs
- Transportation to help get you and your child to and from ECI services

Are ECI services free?

Yes. Services are free to those who qualify, up to the age of 3. After age 3, ECI providers will help you get services from other programs if your child still needs them.

For more information, call UnitedHealthcare – Texas CHIP Member Services at 1-877-238-8543

Women, Infants, and Children (WIC)

What is WIC?

WIC is a program for pregnant women, new moms and children ages 5 and under. The WIC program helps teach pregnant women and new moms how to eat well and stay healthy.

How do I apply for WIC?

Call toll free 1-800-942-3678 or call UnitedHealthcare – Texas Member Services at 1-877-238-8543.

Who can get WIC services?

- Pregnant women
- Women who are breastfeeding a baby who is 1 year old or younger
- Women who have had a baby in the last 6 months
- Children 5 years or younger who meet the income requirements
- Parents (including single women and men), stepparents, guardians, and foster parents of infants and children

Are services free?

Yes. Services are free to those who qualify.

What are the requirements?

- Must meet income guidelines set by WIC
- Have poor eating habits or iron-deficiency anemia
- Live in Texas

What does WIC provide?

- Education on eating food that is good for you
- Healthy foods such as baby formula, baby cereal, adult cereal, fruit and vegetable juices, milk, eggs, cheese, beans and peanut butter. Moms who are breastfeeding may also get tuna and carrots.
- Help on breastfeeding
- Referrals for additional services such as food stamps, CHIP, Medicaid
- Immunizations (at some clinics)

Important changes in payments made to physicians & providers

UnitedHealthcare – Texas will tell our members in writing if any important changes are made in how we pay our physicians and providers. The members will be told within 30 days of the change. The announcement will include how the payment was changed and what the new payment will be.

What services are not covered benefits?

Some of these services might be covered for children less than 21 years of age through Texas Health Steps. If you want to know if a procedure or medication is covered under STAR, ask your PCP or call Member Services at 1-800-213-5846. Call TDD/TTY 711, for hearing impaired.

- Services by non-approved providers
- Services by Christian Science Nurses
- Dentures

- Private duty nursing
- Services or supplies not covered by traditional Medicaid
- Services or supplies given to a member after a finding has been made following a review that these services or supplies are not medically necessary
- Services or supplies paid by any health, accident, and federal government benefits program or U.S. public health services hospitals
- Services given solely for beauty reasons
- Sex change operations
- Reversal of self-requested sterility
- Services and supplies to any person who is an inmate of a public institution
- Social and educational counseling services (except parent training)
- Experimental or investigational procedures or services

What Health Education classes does UnitedHealthcare-Texas offer?

Call Member Services to learn more about Health Education classes and meetings.

What if I get a bill from my doctor?

If you get a bill from a doctor, hospital or other health care provider, ask why they are billing you. Your doctor, health care provider or hospital cannot bill you for covered and approved Medicaid services. You do not have to pay bills that UnitedHealthcare-Texas should pay. If you still get a bill, call Member Services at 1-800-213-5846 for help. Be sure you have your bill in front of you when you call. You will need to tell Member Services who sent you the bill, the date of service, the amount and the provider's address and phone number.

If you still get a bill, call Member Services at 1-800-213-5846 for help.

What if I get sick when I am out of town, out of the state or out of the country traveling?

When you are traveling and get sick, you can still get medical help. To get medical help you should:

- Call UnitedHealthcare-Texas Member Services at 1-800-213-5846. That number is on the back of your UnitedHealthcare-Texas ID card. They can tell you what you should do.
- If you have a health problem that needs to be treated right away, go to the nearest hospital emergency room.
- If you are traveling in another country and get sick, your care will not be covered.

When you are traveling outside of your town or state and get sick, you can still get medical help. Contact Member Services at 1-800-213-5846 and they can tell you what you should do. If you are out of the country and get sick, you should seek whatever medical care you need. However, medical care outside of the country is not covered.

How do I get help if I have behavioral health or drug problems?

UnitedHealthcare-Texas covers medically necessary Substance Abuse and Behavioral Health Care services. If you have a drug problem or are very upset about something, you can get help. Call United Behavioral Health at 1-888-872-4205 for help. You do not need a referral for these services.

There will be people who can speak with you in English or Spanish. If you need help with other languages, please tell them. Member Services will connect you to the AT&T Language Line and answer your questions.

Please call the Texas Relay Program at TDD/TTY: 711, for hearing impaired. Call us if you need this handbook in Braille, larger print, in audio, or in another language.

If it is a crisis and you have trouble with the phone line, call 9-1-1 or go to the nearest emergency room. United Behavioral Health's customer service number can be reached 24 hours a day, 7 days a week at 1-888-872-4205.

Substance Use Disorder (SUD) Treatment Benefits for Adults

A Medicaid substance abuse treatment service is available to UnitedHealthcare – Texas members. It is a The Substance Use Disorder (SUD) benefit. The SUD treatment benefits include outpatient services assessment, ambulatory, outpatient detoxification, counseling, and medication assisted therapy.

Please call 1-800-213-5846 to learn more.

What should I do if I have a complaint?

We want to help. If you have a complaint, please call us toll-free at 1-800-213-5846 to tell us about your problem. A UnitedHealthcare-Texas Customer Service agent will take your information and make sure that it gets to the right UnitedHealthcare-Texas department.

In addition, a UnitedHealthcare-Texas Member Advocate can help you file a complaint – just call 1-800-213-5846 and ask for a Member Advocate in your area. Most of the time, an Advocate can help you right away or at the most, within a few days.

Once you have gone through the UnitedHealthcare-Texas complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free 1-866-566-8989. If you want to make your complaint in writing, please send it to the following address:

Texas Health and Human Services Commission
Health Plan Operations – H-320
P.O. Box 85200
Austin, TX 78708-5200
ATTN: Resolution Services

If you can get to the Internet, you can send your complaint in an email to HPM_Complaints@hhsc.state.tx.us.

Requirements and timeframes for filing a complaint

There is no time limit on filing a complaint with UnitedHealthcare-Texas. UnitedHealthcare-Texas will send you a letter telling you what we did about your complaint.

How long will it take to process my complaint?

You will get the letter within 30 days from when your complaint got to UnitedHealthcare-Texas.

Can someone from UnitedHealthcare-Texas help me file a complaint?

Yes, a UnitedHealthcare-Texas Member Advocate can help you file a complaint, just call 1-800-213-5846. Most of the time, we can help you right away or at the most within a few days.

What can I do if UnitedHealthcare-Texas denies or limits my PCP's request for a covered service?

UnitedHealthcare-Texas will send you a letter if a covered service requested by your PCP is denied, delayed, limited or stopped. If you are not happy with the decision, you can call Member Services at 1-800-213-5846 and ask for an appeal.

How will I be notified if services are denied?

UnitedHealthcare-Texas will send you a letter if a covered service requested by your PCP is denied, delayed, limited or stopped.

Can I ask for a State Fair Hearing?

If you, as a member of the health plan, disagree with the health plan's decision, you can file for a State Fair Hearing. You have the right to ask for a fair hearing.

You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A doctor or other medical provider may be your representative. If you want to challenge a decision made by your health plan, you or your representative must ask for the fair hearing within 90 days of the date on the health plan's letter with the decision. If you do not ask for the fair hearing within 90 days, you may lose your right to a fair hearing. To ask for a fair hearing, you or your representative should either send a letter to the health plan at 9702 Bissonnet, suite 2200W; Houston, TX 77036 or call 1-800-213-5846.

If you ask for a fair hearing within 10 days of the date on the letter from the health plan, you have the right to keep getting any service the health plan denied or reduced at least until the final hearing decision is made. If you do not request a fair hearing within 10 days of the date on the letter, the service the health plan denied will be stopped.

If you ask for a fair hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most fair hearings are held by telephone. At that time, you or your representative can say why you need the service the health plan denied.

HHSC will give you a final decision within 90 days from the date you asked for the hearing.

To request a Fair Hearing, you or your representative must contact UnitedHealthcare – Texas in writing at the address below or by calling 1-800-213-5846.

UnitedHealthcare-Texas
9702 Bissonnet, 2200W
Houston, TX 77036
ATTN: Fair Hearing Request

What can I do if UnitedHealthcare – Texas denies or limits my request or my provider's request for a covered service?

- UnitedHealthcare-Texas will send you a letter if a covered service that you requested is not approved or if payment is denied in whole or in part. If you are not happy with our decision, call UnitedHealthcare-Texas within 30 days from when you get our letter.
- You must appeal within 10 days of the date on the letter to make sure your services are not stopped.
- You can appeal by sending a letter to UnitedHealthcare-Texas.
- You can appeal by calling UnitedHealthcare-Texas.
- You can ask for up to 14 days of extra time for your appeal.
- UnitedHealthcare-Texas can take extra time on your appeal if it is better for you. If this happens, UnitedHealthcare-Texas will tell you in writing the reason for the delay.
- You can call Member Services and get help with your appeal
- When you call Member Services, we will help you file an appeal. Then we will send you a letter and ask you or someone acting on your behalf to sign a form.

What is an expedited appeal?

An expedited appeal is when UnitedHealthcare-Texas has to make a decision quickly based on your health status and taking the time for a standard appeal could jeopardize your life or health.

How do I file an expedited appeal if UnitedHealthcare-Texas denies a covered service that was requested?

- Call UnitedHealthcare-Texas Customer Services when you want help filing an expedited appeal.
- You can write a letter to ask for an expedited appeal or call UnitedHealthcare-Texas and ask for an expedited appeal.
- UnitedHealthcare-Texas will tell you or your doctor the outcome in one business day.
- A letter telling you the outcome will be sent to you. The letter will be sent within three business days from the appeal or within one business day from the appeal in case of ongoing emergency care or denial of continued hospitalization.

What happens if UnitedHealthcare-Texas denies the request for an expedited appeal?

If UnitedHealthcare-Texas denies an expedited appeal, the appeal is processed through the normal appeal process, which will be resolved within 30 days.

How do I file an appeal if UnitedHealthcare-Texas denies a covered service that was requested?

UnitedHealthcare-Texas will send you a letter if a covered service that you requested is not approved. If you are not happy, call UnitedHealthcare-Texas within 30 days from when you get our letter to file an appeal.

Tips for filing an appeal with UnitedHealthcare-Texas:

- You must appeal within 10 days of the date on the letter to make sure your services are not stopped.
- You can appeal by sending a letter to UnitedHealthcare-Texas. Your appeal must be in writing.
- You can also call Member Services and get help with your appeal.
- When you call Member Services to appeal, we will send you a letter and ask you to sign a form.
- You can ask for up to 14 days of extra time for your appeal.
- UnitedHealthcare-Texas might use extra time on your appeal time if it is better for you.

Can someone from UnitedHealthcare-Texas help me file an appeal?

You can call Member Services and get help with your appeal.

When does a member have a right to request an appeal?

You can appeal if UnitedHealthcare-Texas denies or limits a request for a covered service. You can call Member Services at 1-800-213-5846 and ask for an appeal.

Who do I call if I want to leave the UnitedHealthcare-Texas health plan?

If you are not in the hospital, you can change health plans by calling the Enrollment Counselor at 1-800-964-2777. Tell them that you want to change health plans.

How many times can I change health plans?

There is no limit to the number of times you can change. If you are in the hospital, your health plan change will not become effective until you leave the hospital.

When will my health plan change become effective?

In most cases, if you call to change your health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that.

For example:

- If you call on or before April 15, your change will take place on May 1.
- If you call after April 15, your change will take place on June 1.

Can UnitedHealthcare-Texas request that I get removed from their plan (for non-compliance, etc.)?

Sometimes UnitedHealthcare-Texas might ask that you be removed from UnitedHealthcare-Texas. Some reasons include:

- Disruptive behavior in a facility or a provider's office, unrelated to physical or behavioral health;
- Loaning or allowing another person to use your UnitedHealthcare-Texas Identification card; or
- Other circumstances approved by the Texas Health and Human Services Commission justifying removal from UnitedHealthcare-Texas.

What do I have to do if I move?

As soon as you have your new address, give it to the local HHSC benefits office and UnitedHealthcare-Texas Member Services Department at 1-800-213-5846. Before you get Medicaid services in your new area, you must call UnitedHealthcare-Texas, unless you need emergency services. You will continue to get care through UnitedHealthcare-Texas until HHSC changes your address.

Report your new address as soon as possible to the local Health and Human Services Commission Eligibility Office and UnitedHealthcare-Texas Member Services Department at 1-800-213-5846.

What do I do if I move outside of the UnitedHealthcare-Texas service area?

If you move outside of the UnitedHealthcare-Texas service area, contact the Texas Health and Human Services Commission and UnitedHealthcare-Texas Member Services at 1-800-213-5846 with your new address. You must call UnitedHealthcare-Texas before getting any services in your new area, unless it is an emergency.

What if I lose my Medicaid eligibility?

If you lose Medicaid coverage but get it back again within six (6) months you will get your Medicaid services from the same health plan you had before losing your Medicaid coverage. You will also have the same PCP you had before.

What happens if I have private or other health insurance in addition to Medicaid?

You are required to tell Medicaid staff about any private health insurance you have. You should call the Medicaid Third Party Resources hotline and update your Medicaid case file if

- Your private health insurance is canceled.
- You get new insurance coverage.
- You have general questions about third party insurance.

You can call the hotline toll-free at 1-800-846-7307.

If you have other insurance you may still qualify for Medicaid. When you tell Medicaid staff about your other health insurance, you help make sure Medicaid only pays for what your other health insurance does not cover.

IMPORTANT: Medicaid providers cannot turn you down for services because you have private health insurance as well as Medicaid. If providers accept you as a Medicaid patient, they must also file with your private health insurance company.

How do I report someone who is misusing the Medicaid Program?

If you suspect a member (a person who receives benefits) or a provider (e.g., doctor, dentist, counselor, etc.) has committed waste, abuse or fraud, you have a responsibility and a right to report it.

Reporting a provider or a person who has Medicaid for waste, abuse and fraud

If you suspect a person who has Medicaid (a person who receives benefits) or a provider (e.g., doctor, dentist, counselor, etc.) has committed waste, abuse or fraud, you have a responsibility and a right to report it.

Reporting a Provider or Person who has Medicaid for Waste, Abuse and Fraud

To report waste, abuse or fraud, get as much information as possible.

You can report providers or a person who has Medicaid directly to UnitedHealthcare – Texas at:

- UnitedHealthcare-Texas
ATTN: Compliance Officer
9702 Bissonnet, Suite 2200W
Houston, TX 77036
Toll-free number: 1-800-213-5846
- Or, if you have access to the Internet go to the HHSC OIG website at <http://www.hhs.state.tx.us> and choose “Reporting Waste, Abuse and Fraud”. The site gives information on the types of waste, abuse and fraud to report. If you do not have Internet access and prefer to talk to a person, call the Office of Inspector General (OIG) Fraud Hotline at 1-800-436-6184, or you can send a written statement to the following OIG addresses:

To report providers, use this address:

Office of Inspector General
Medicaid Provider Integrity/Mail Code 1361
P.O. Box 85200
Austin, TX 78708-5200

To report a person who has Medicaid, use this address:

Office of Inspector General
General Investigations/Mail Code 1362
P.O. Box 85200
Austin, TX 78708-5200

When reporting a provider (e.g., doctor, dentist, counselor, etc.) give the following:

- Name, address, and phone number of provider;
- Name and address of the facility (hospital, nursing home, home health agency, etc.);
- Medicaid number of the provider and facility is helpful;
- Type of provider (doctor, physical therapist, pharmacist, etc.);
- Names and the number of other witnesses who can aid in the investigation;
- Dates of events; and
- Summary of what happened.

When reporting a person who has Medicaid (a person who receives benefits), give the following:

- The person’s name;
- The person’s date of birth, Social Security number, or case number if you have it;
- The city where the person resides; and
- Specific details about the waste, abuse, or fraud.

Each year you have the right to ask UnitedHealthcare-Texas to send you certain information

As a member of UnitedHealthcare-Texas, you can ask for and get this information each year:

- Names, addresses, phone numbers, and languages spoken (other than English) by network providers, and identification of providers who are not accepting new patients. The information given will be, at a minimum, on primary care doctors, specialists, and hospitals in the member's service area.
- Any restrictions on the member's freedom of choice among network providers.
- Member rights and responsibilities.
- Information on complaint, appeal, and fair hearing procedures.
- The amount, duration, and scope of benefits under the contract in sufficient detail to ensure that members know about the benefits to which they are entitled.
- How to get benefits including authorization requirements.
- How members might get benefits, including family planning services, from out-of-network providers and/or limits to those benefits.
- How after hours and emergency coverage are provided and/or limits to those benefits, including:
 - What makes up emergency medical conditions, emergency services and post-stabilization services;
 - The fact that prior authorization is not required for emergency care services;
 - How to get emergency services, including use of the 911 system or its local equivalent;
 - The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services covered under the contract;
 - The member has a right to use any hospital or other settings for emergency care; and
 - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits not furnished by the member's PCP.
- UnitedHealthcare-Texas practice guidelines.

What are my health care rights and responsibilities as a member of UnitedHealthcare-Texas?

MEMBER RIGHTS:

1. You have the right to respect, dignity, privacy, confidentiality and nondiscrimination. That includes the right to:
 - a. Be treated fairly and with respect.
 - b. Know that your medical records and discussions with your providers will be kept private and confidential.
2. You have the right to a reasonable opportunity to choose a health care plan and PCP. This is (the doctor or health care provider you will see most of the time and who will coordinate your care.) You have the right to change to another plan or provider in a reasonably easy manner. That includes the right to:
 - a. Be told how to choose and change your health plan and your PCP.
 - b. Choose any health plan you want that is available in your area and choose your PCP from that plan.
 - c. Change your PCP.
 - d. Change your health plan without penalty.
 - e. Be told how to change your health plan or your PCP.
3. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
 - a. Have your provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated.
 - b. Be told why care or services were denied and not given.

4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
 - a. Work as part of a team with your provider in deciding what health care is best for you.
 - b. Say yes or no to the care recommended by your provider.
5. You have the right to use each complaint and appeal process available through the managed care organization and through Medicaid, and get a timely response to complaints, appeals and fair hearings. That includes the right to:
 - a. Make a complaint to your health plan or to the state Medicaid program about your health care, your provider or your health plan.
 - b. Get a timely answer to your complaint.
 - c. Use the plan's appeal process and be told how to use it
 - d. Ask for a fair hearing from the state Medicaid program and get information about how that process works.
6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
 - a. Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
 - b. Get medical care in a timely manner.
 - c. Be able to get in and out of a health care provider's office. This includes barrier free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
 - d. Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability, or help you understand the information.
 - e. Be given information you can understand about your health plan rules, including the health care services you can get and how to get them.
7. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or is to punish you.
8. You have a right to know that doctors, hospitals, and others who care for you can advise you about your health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
9. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals, and others cannot require you to pay copayments or any other amounts for covered services.

MEMBER RESPONSIBILITIES:

1. You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
 - a. Learn and understand your rights under the Medicaid program.
 - b. Ask questions if you do not understand your rights.
 - c. Learn what choices of health plans are available in your area.
2. You must abide by the health plan's and Medicaid's policies and procedures. That includes the responsibility to:
 - a. Learn and follow your health plan's rules and Medicaid rules.
 - b. Choose your health plan and a PCP quickly.
 - c. Make any changes in your health plan and PCP in the ways established by Medicaid and by the health plan.
 - d. Keep your scheduled appointments.
 - e. Cancel appointments in advance when you cannot keep them.
 - f. Always contact your PCP first for your non-emergency medical needs.
 - g. Be sure you have approval from your PCP before going to a specialist.
 - h. Understand when you should and should not go to the emergency room.

3. You must share information relating to about your health with your PCP and learn about service and treatment options. That includes the responsibility to:
 - a. Tell your PCP about your health.
 - b. Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated.
 - c. Help your providers get your medical records.
4. You must be involved in decisions relating to service and treatment options, make personal choices, and take action to keep yourself healthy. That includes the responsibility to:
 - a. Work as a team with your provider in deciding what health care is best for you.
 - b. Understand how the things you do can affect your health.
 - c. Do the best you can to stay healthy.
 - d. Treat providers and staff with respect.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at 1-800-368-1019. You also can view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

What is an Advance Directive?

All adults in hospitals, nursing centers, and other health care settings have certain rights. For instance, you have the right to have your personal and medical records kept private. You have the right to know what treatment you will get. Under federal law, you have the right to fill out an Advance Directive. Advance Directives are written documents that let you decide and put into writing what kind of treatment you want or do not want, and any actions you want carried out if you are too sick to make decisions about your health care. It is our policy to let all adult UnitedHealthcare-Texas members know that they can prepare these documents.

The federal law on Advance Directives requires hospitals, nursing centers and other health care providers to give you information about Advance Directives. The information will explain your legal choices in making decisions about medical care. The law was written to increase your control over medical treatment decisions.

Advance Directives are written documents that give you the chance to decide and put into writing what kind of treatment you want or do not want, and any actions you want carried out if you become too sick to make decisions about your health care.

How do I get an Advance Directive?

Contact your PCP or call Member Services at 1-800-213-5846. Call TDD/TTY 711, for hearing impaired.

Who has the right to make health care decisions?

You do, if you are an adult and able to let providers know of your health care decisions. You decide what health care, if any, you will not accept.

What if I become unable to make or let providers know of my health care decisions?

You can still have some control over these decisions if you have signed an Advance Directive. Your PCP must include in your medical record whether you have signed an Advance Directive. If you have not named someone in your Advance Directive, your doctor must seek a person authorized by law to make these decisions.

What if I am too sick to make a decision about my medical care?

You can still have some control over these decisions if you have signed an Advance Directive. Your PCP must include in your medical record whether you have signed an Advance Directive. If you have not named someone in your Advance Directive, your doctor must seek a person authorized by law to make these decisions.

What are my options for making an Advance Directive?

Under Texas law, you can make the following directives:

1. A Durable Power of Attorney for Health Care — a written document giving the designated person the power to act in your place and make decisions on your health care. Your Durable Health Care Power of Attorney will also include any details or guidance about health care you want or do not want. This could include withholding or withdrawing procedures if you are in a “terminal condition.” A “terminal condition” is when a patient cannot be cured and will die without life-sustaining procedures. (Two doctors must state this in writing.) A patient is also in a “terminal condition” if that patient is in a permanent vegetative state or an irreversible coma.
2. A Living Will — a written statement about health care you want or do not want if you cannot make these decisions. For example, a Living Will can say whether you would want to be fed through a tube if you were unconscious and not likely to recover. A Living Will directs doctors to withhold/withdraw or continue life-sustaining procedures if you are in a “terminal condition.” For instance, a Living Will can tell whether you want to be fed through tubes if you cannot eat or drink. You can also tell doctors whether to use other life-sustaining procedures.

Must my Advance Directive be followed?

Yes. Your PCP, other health providers and the person you name in your directive must follow your Advance Directive.

Must a lawyer prepare my Advance Directive?

No. There are local and national groups that will give you with facts on Advance Directive, including forms. Be sure any Advance Directive you use is valid under Texas law.

Who should have a copy of my Advance Directive?

Give a copy of your Advance Directive to your PCP and to any health care center on admission. If you have a Durable Power of Attorney for Health Care, give a copy to the person you have named on it. You should also keep extra copies for yourself.

Do I have to make an Advance Directive?

No. Whether you make an Advance Directive is up to you. A health care provider cannot refuse care based on whether you have an Advance Directive.

Can I change or cancel my Advance Directive?

Yes. If you change or cancel your Advance Directive, let anyone who has a copy of it know.

What if I already have an Advance Directive?

You might want to review it or have it reviewed. If it has been prepared in another state, make sure it is valid under Texas law.

Who can legally make health care decisions for me if I cannot make those decisions and I have no Advance Directive?

A court might appoint a guardian to make health care decisions for you. Otherwise, your PCP must go down the following list to find someone else to make health care decisions for you:

1. Your husband or wife, unless you are legally separated.
2. Your adult child. If you have more than one adult child, a majority of them.
3. Your mother or father.
4. Your brother or sister.

If your PCP cannot find a person able to make health care decisions for you, then he or she can decide on your care. Your PCP can do this with the advice of an ethics committee, or the approval of another doctor. You can make sure your wishes are honored by putting them in writing. The person you name in your Advance Directive will not have the right to refuse life-sustaining procedures, such as the use of tubes to give you food or fluids unless:

- You have appointed that person to make health care decisions for you in a Durable Power of Attorney for Health Care.
- A court has appointed that person as your guardian to make health care decisions for you.
- You have stated in an Advance Directive that you do not want this specific treatment.

If you need any help in learning about Advance Directives, or to order a copy of a Living Will, call Member Services at 1-800-213-5846. Call TDD/TTY 711, for hearing impaired.

Internal protection of information within UnitedHealth Group

UnitedHealth Group collects and maintains oral, written and electronic information to manage our business and share products, services and information of importance to our members. We use physical, electronic and procedural security in the handling and maintenance of our members' information to protect against risks such as loss, destruction or misuse. We do regular audits to guarantee proper and secure handling of our members' information.

HEALTH PLAN NOTICES OF PRIVACY PRACTICES

MEDICAL INFORMATION PRIVACY NOTICE

THIS SAYS HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED. IT SAYS HOW YOU CAN GET ACCESS TO THIS INFORMATION. READ IT CAREFULLY.

Effective January 1, 2010

We must by law protect the privacy of your health information ("HI"). We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have to your HI.

We must by law follow the terms of this notice.

"Health information" (or HI) in this notice means information that can be used to identify you. And it must relate to your health or health care.

We have the right to change our privacy practices. If we change them, we will mail a notice within 60 days. We will post the new notice on our website www.myuhc.com. We have the right to make changes apply to HI that we have and future information.

How We Use or Share Information

We must use and share your HI if asked for by:

- You or your legal representative.
- The Secretary of the Department of Health and Human Services to make sure your privacy is protected.

We have the right to use and share HI. This must be for your treatment, to pay for care and to run our business. For example, we may use and share it:

- To Pay premiums, determine coverage, and process claims. This also may include coordinating benefits. For example, we may tell a doctor you have coverage. We may tell a doctor how much of the bill may be covered.
- For Treatment or managing care. For example, we may share your HI with providers to help them give you care.
- For Health Care Operations related to your care. For example, we may suggest a disease management or wellness program. We may study data to see how we can improve our services.
- To tell you about Health Programs or Products. This may be other treatments or products and services. These activities may be limited by law as of February 17, 2010.
- For Plan Sponsors. We may give enrollment and summary HI to an employer plan sponsor. We may give them other HI if they agree to limit its use per federal law.
- For Reminders on benefits or care. Such as appointment reminders.

We may use or share your HI as follows:

- As Stated by Law.
- To Persons Involved With Your Care. This may be to a family member. This may happen if you are unable to agree or object. Such as in an emergency or when you agree or fail to object when asked. If you are not able to object, we will use our best judgment.
- For Public Health Activities. This may be to prevent disease outbreaks.
- For Reporting Abuse, Neglect or Domestic Violence. We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.
- For Health Oversight Activities to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- For Judicial or Administrative Proceedings. Such as to answer a court order or subpoena.

¹This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: ACN Group of California, Inc.; All Savers Insurance Company; All Savers Insurance Company of California; American Medical Security Life Insurance Company; AmeriChoice of Connecticut, Inc.; AmeriChoice of Georgia, Inc.; AmeriChoice of New Jersey, Inc.; AmeriChoice of Pennsylvania, Inc.; Arizona Physicians IPA, Inc.; Arnett HMO, Inc.; Dental Benefit Providers of California, Inc.; Dental Benefit Providers of Illinois, Inc.; Evercare of Arizona, Inc.; Evercare of New Mexico, Inc.; Evercare of Texas, LLC; Golden Rule Insurance Company; Great Lakes Health Plan, Inc.; Health Plan of Nevada, Inc.; IBA Health and Life Assurance Company; MAMSI Life and Health Insurance Company; MD - Individual Practice Association, Inc.; Midwest Security Life Insurance Company; National Pacific Dental, Inc.; Neighborhood Health Partnership, Inc.; Nevada Pacific Dental; Optimum Choice, Inc.; Oxford Health Insurance, Inc.; Oxford Health Plans (CT), Inc.; Oxford Health Plans (NJ), Inc.; Oxford Health Plans (NY), Inc.; Pacific Union Dental, Inc.; PacifiCare Behavioral Health of California, Inc.; PacifiCare Behavioral Health, Inc.; PacifiCare Dental; PacifiCare Dental of Colorado, Inc.; PacifiCare Insurance Company; PacifiCare Life and Health Insurance Company; PacifiCare Life Assurance Company; PacifiCare of Arizona, Inc.; PacifiCare of California; PacifiCare of Colorado, Inc.; PacifiCare of Nevada, Inc.; PacifiCare of Oklahoma, Inc.; PacifiCare of Oregon, Inc.; PacifiCare of Texas, Inc.; PacifiCare of Washington, Inc.; Sierra Health & Life Insurance Co., Inc.; Spectera, Inc.; U.S. Behavioral Health Plan, California; Unimerica Insurance Company; Unimerica Life Insurance Company of New York; Unison Family Health Plan of Pennsylvania, Inc.; Unison Health Plan of Delaware, Inc.; Unison Health Plan of Ohio, Inc.; Unison Health Plan of Pennsylvania, Inc.; Unison Health Plan of South Carolina, Inc.; Unison Health Plan of Tennessee, Inc.; Unison Health Plan of the Capital Area, Inc.; United Behavioral Health; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of Illinois; UnitedHealthcare Insurance Company of New York; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Insurance Company of Ohio; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of Arkansas, Inc.; UnitedHealthcare of Colorado, Inc.; UnitedHealthcare of Florida, Inc.; United HealthCare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare of Kentucky, Ltd.; United HealthCare of Louisiana, Inc.; UnitedHealthcare of Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; United HealthCare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Tennessee, Inc.; UnitedHealthcare of Texas, Inc.; United HealthCare of Utah; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc.

- For Law Enforcement. Such as to find a missing person or report a crime.
- For Threats to Health or Safety. This may be to public health agencies or law enforcement. Such as in an emergency or disaster.
- For Government Functions. This may be for military and veteran use, national security, or the protective services.
- For Workers' Compensation. To comply with labor laws.
- For Research. Such as to study disease or disability, as allowed by law.
- To Give Information on Decedents. This may be to a coroner or medical examiner. Such as to identify the deceased, find a cause of death or as stated by law. We may give HI to funeral directors.
- For Organ Transplant. To help get, bank or transplant organs, eyes or tissue.
- To Correctional Institutions or Law Enforcement. For persons in custody: (1) To give health care. (2) To protect your health and the health of others. (3) For the security of the institution.
- To Our Business Associates if needed to give you services. Our associates agree to protect your HI. They are not allowed to use HI other than as per our contract with them. As of February 17, 2010, our associates will be subject to federal privacy laws.
- To Notify of a Data Breach. To give notice of unauthorized access to your HI. We may send notice to you or to your plan sponsor.
- Other Restrictions. Federal and state laws may limit the use and sharing of highly confidential HI. This may include state laws on:
 1. HIV/AIDS
 2. Mental health
 3. Genetic tests
 4. Alcohol and drug abuse
 5. Sexually transmitted diseases and reproductive health
 6. Child or adult abuse or neglect or sexual assault

If stricter laws apply, we try to meet those laws.

Except as stated in this notice, we use your HI only with your written consent. If you allow us to share your HI, we do not promise that the person who gets it will not share it. You may take back your consent, unless we have acted on it. To find out how, call the phone number on the back of your ID card.

Your Rights

You have a right:

- To ask us to limit use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others involved in your care or payment for it. We may allow your dependents to ask for limits. We will try to honor your request, but we do not have to do so.
- To ask a provider not to send HI to us if you paid for the care in full.
- To ask to get confidential communications in a different way or place. (For example, at a P.O. Box instead of your home.) We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- To see or get a copy of HI that we use to make decisions about you. You must ask in writing. Mail it to the address below. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed. As of February 17, 2010, if we keep an electronic record, you may ask for an electronic copy to be sent to you or a third party. We may charge a fee for this.
- To ask to amend. If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.

- To get an accounting of HI shared in the six years prior to your request. This will not include any HI shared: (i) Prior to April 14, 2003. (ii) For treatment, payment, and health care operations. (iii) With you or with your consent. (iv) With correctional institutions or law enforcement. This will not list disclosures if federal law does not make us keep track of them.
- To get a paper copy of this notice. You may ask for a copy at any time. Even if you agreed to get this notice electronically, you have a right to a paper copy. You may also get a copy at our website, www.myuhc.com.

Using Your Rights

- To Contact your Health Plan. Call the phone number on the back of your ID card. Or you may contact the UnitedHealth Group Call Center at 1-866-799-1328.
- To Submit a Written Request. Mail to:
UnitedHealth Group
PSMG Privacy Office
MN006-W800
P.O. Box 1459
Minneapolis, MN 55440
- To File a Complaint. If you think your privacy rights have been violated, you may send a complaint at the address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

FINANCIAL INFORMATION PRIVACY NOTICE

THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. IT SAYS HOW YOU CAN GET ACCESS TO THIS INFORMATION. REVIEW IT CAREFULLY.

Effective January 1, 2010

We protect your “personal financial information” (“FI”). This means non-health information about an enrollee or an applicant obtained to provide coverage. It is information that identifies the person and is not public.

Information We Collect

We get FI about you from:

- Applications or forms. This may be name, address, age and social security number.
- Your transactions with us or others. This may be premium payment data.

Sharing of FI

We do not share FI about our enrollees or former enrollees, except as required or permitted by law.

To run our business, we may share FI without your consent to our affiliates. This is to tell them about your transactions, such as premium payment.

Confidentiality and Security

We limit access to your FI to our employees and providers who manage your coverage and provide services. We have physical, electronic and procedural safeguards per federal standards to guard your FI. We do regular audits to ensure secure handling.

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the first page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: ACN Group IPA of New York, Inc.; ACN Group, Inc.; Administration Resources Corporation; AmeriChoice Health Services, Inc.; Behavioral Health Administrators; Behavioral Healthcare Options, Inc.; DBP Services of New York IPA, Inc.; DCG Resource Options, LLC; Dental Benefit Providers, Inc.; Disability Consulting Group, LLC; HealthAllies, Inc.; Innoviant, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; Mid Atlantic Medical Services, LLC; Midwest Security Care, Inc.; National Benefit Resources, Inc.; OneNet PPO, LLC; OptumHealth Bank, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; PacifiCare Health Plan Administrators, Inc.; PacificDental Benefits, Inc.; ProcessWorks, Inc.; RxSolutions, Inc.; Sierra Health-Care Options, Inc.; Sierra Nevada Administrators, Inc.; Spectera of New York, IPA, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; United Healthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; UnitedHealthOne Agency, Inc. California and Massachusetts.

Your Right to Access and Correct FI

In some States , you may have a right to ask for access to your FI. You can ask:

- For the source of the FI.
- For a list of disclosures made in the two years before your request.
- To view and copy your FI in person.
- For a copy to be sent. (We may charge a fee.)
- For corrections, amendments or deletions.

Follow these directions:

To access your FI: Send a request in writing with your name, address, social security number, phone, and the FI you want to access. State if you want access in person or a copy sent. When we get your request, we will contact you within 30 business days.

To correct, amend, or delete any of your FI: Send a request in writing with your name, address, social security number, phone, the FI in dispute, and the identity of the document or record. Upon receipt of your request, we will contact you within 30 business days. We will tell you if we have made the correction, amendment or deletion. Or we will tell you we refuse to do so and the reasons why. You may challenge this.

Send requests:

United Healthcare
Customer Service – Privacy Unit
P.O. Box 740815
Atlanta, GA 30374-0815

Notes

Notes